

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 4300 CHERRY CREEK DRIVE SOUTH DENVER, COLORADO 80246

EMERGENCY MEDICAL PRACTICE ADVISORY COUNCIL (EMPAC) **NOVEMBER 3, 2011 DRAFT MINUTES**

CALL TO ORDER

William Dunn, EMPAC Chair

William Dunn, EMPAC Chair, called the November 3, 2011 Emergency Medical Practice Advisory Council (EMPAC) to order at approximately 9:00 a.m. at the

Keystone Conference Center, Castle Peaks Rooms 3 & 4.

Roll Call

Nick Boukas, EMPAC Coordinator

Nick Boukas, EMPAC Coordinator, conducted the roll call. A quorum was

established.

Members Present

Dr. Stein Bronsky, Thomas Candlin, William Dunn, Dr. Gene Eby, Dr. William Hall, Dr. Art Kanowitz, Dr. Benji Kitagawa, Jason Kotas, Randy Kuykendall, and

Dr. Kevin Weber

Members Excused

Members Absent

Dr. John Abbott.

EMTS Section Staff Present

Nick Boukas, Sean Caffrey, and Michelle Reese

Members of the Public

Commissioner Lew Gaiter, Joe Darmofal, Jim Richardson, Dave Richter, Cameron Duran, Eric Schmidt, Lisa Connelly, Cindy Joseph, Sandi Uhrig, DJ Head, Jason Blumen, Kevin David, Kendall David, Fred Morrison, Ray Jennings, Diana

Hearne, Joseph Young, John Nichols, Scott Phillips.

Approval of Minutes

William Dunn, EMPAC Chair

The draft minutes of the August 8, 2011, EMPAC meeting had been e-mailed to each of the EMPAC members for their review and approval. These minutes are

also available for viewing at www.coems.info/EMPAC.

MOTION

MOVED BY WILLIAM HALL, SECONDED JASON KOTAS, TO APPROVE THE MINUTES FROM THE AUGUST 8, 2011, EMPAC

MEETING.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Correspondence

Will Dunn, EMPAC Chair

Will Dunn reported that letters had been received regarding Pediatric RSI and the

letters will be presented as part of the discussion.

Election of Officers for 2012

Nick Boukas, EMPAC Coordinator

MOTION

Nick Boukas reported that the EMPAC is obligated to elect a chair and vice chair annually.

MOVED BY BILL HALL, SECONDED BY JASON KOTAS, TO

NOMINATE WILL DUNN AS EMPAC CHAIRMAN.

MOVED BY BILL HALL TO CLOSE NOMINATIONS FOR EMPAC

CHAIRMAN.

WILL DUNN IS EMPAC CHAIR BY AFFIRMATION. **MOTION CARRIED**

MOVED BY WILL DUNN, SECONDED BY JASON KOTAS, TO **MOTION** NOMINATE KEVIN WEBER AS EMPAC VICE CHAIRMAN.

MOVED BY WILL DUNN TO CLOSE NOMINATIONS FOR EMPAC

VICE CHAIRMAN.

KEVIN WEBER IS EMPAC VICE CHAIR BY AFFIRMATION. **MOTION CARRIED**

The council confirmed that EMPAC meetings would continue quarterly on the 2nd

Monday.

Dr. Eby and Mr. Dunn expressed, on behalf of the council, condolences to Dr.

Kitagawa for loss of his brother.

CQI System Template

Dr. Hall presented the draft template and discussed the process of creating the document. It is something that someone can use and come up with ideas to

improve care.

Discussion followed regarding the committee's strong work, a well put-together document with all the necessary items and it being very helpful already. The document will need to be reviewed by the CDPHE Communications Office once recommended by the EMPAC and should be available by the first of the year. More discussion followed regarding subsequent documents that could be done as

part of the ongoing support of medical directors.

MOVED BY DR. HALL, SECONDED BY DR. EBY, TO RECOMMEND **MOTION** THAT THE DEPARTMENT PUBLISH THE CQI TEMPLATE FOR USE.

Discussion followed regarding the plan for publication and document being a

resource for EMS medical director but not a requirement.

MOTION PASSED UNANIMOUSLY. **MOTION CARRIED**

Consideration of RSI

Protocol

Dr. Art Kanowitz

Dr. Kanowitz discussed the history of the RSI waivers and presented data that has been collected since 2008. He then presented the RSI guidelines endorsed by Colorado Medical Board and the associated reporting form. Discussion followed regarding the use of the guidelines and CQI programs.

Dr. Kanowitz reviewed and discussion ensued regarding key performance indicators, indications, contraindications and education requirements. Input was received regarding the need to include additional medications, e.g. Ketamine, in

the guidelines. Additional discussion was had on the need for a "failed airway" protocol as a required submission with the application.

Discussion followed regarding separating ground and aeromedical procedures. Dr. Kanowitz recommended to the group that the RSI protocol guideline needs to be updated with changes discussed and then looked at by the council again. The EMPAC agreed to have discussions between now and the February meeting after input from medical directors. Dr. Kanowitz noted this could be done via e-mail quickly.

Pediatric RSI Discussion

Jason Kotas

Jason Kotas presented background on the Pediatric RSI waiver. The EMPAC decided to create a subcommittee to gather research, data, opinion, etc. on the topic. The summary is available at

http://www.cdphe.state.co.us/em/empac/SummaryStatement.pdf

Greg Childress with Durango Fire and Rescue addressed the council regarding a case regarding an 8 year old patient treated with RSI. He read a letter from the Children's Hospital regarding the successful treatment of the child.

Discussion followed regarding statements from Pediatric Emergency Care Committee, Children's Hospital, and Colorado Anesthesiology Society. Further discussion was had on the lack of data available and the training and education needs necessary to maintain the skill.

Discussion followed regarding the age limit for Pediatric RSI, standardizing all the rules to be 12 until an age limit for pediatric is defined by group.

Discussion followed regarding lack of data that shows if the best thing for the patient is being done. This needs to tie field performance to outcomes and look at the overall safety based on available data such as the Denver Metro Airway Study. There should also be separate adult and pediatric waivers and protocols. While it is important to allow medical directors to apply for RSI waiver when needed, it is also important to show the ability to maintain competency with a low volume procedure and the need to address outcome data.

MOTION

REQUIRE A SEPARATE WAIVER APPLICATION FOR PEDIATRIC RSI FOR PATIENTS LESS THAN 13 YEARS OLD.

MOVED BY BILL HALL, SECONDED BY GENE EBY MOVED TO

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Discussion followed regarding waivers that have been tabled and need to consider them, providing guidance for waiver submission, Pediatric RSI waiver guidelines included with the RSI protocol guideline, implementing an outcome-based study for Pediatric RSI with the assistance of the PECC.

Mr. Dunn asked Mr. Darmofal of the PECC for their help with the study of outcomes for Pediatric RSI and he agreed. Long-term outcomes need to be considered.

CDPHE Report
Randy Kuykendall

Randy Kuykendall reported that he is the Interim Deputy Division Director for Health Facilities and EMS division. Mr. Kuykendall will continue to serve as the representative of CDPHE on the EMPAC.

Ms. Michelle Reese has been appointed Interim Chief of the Emergency Medical and Trauma Services section. She will be responsible for the direct management and leadership of the EMTS section and its programs. Mr. Sean Caffrey has been appointed Interim operations program manager. The investigations component of the Section will remain under Ms. Reese's management and no appointment of a deputy section chief will be made at this time.

Mr. Kuykendall reported that Dr. Urbina has tasked SEMTAC with addressing the issue of optimizing the trauma system. SEMTAC is by statute tasked to provide input and advice to the executive branch of state government. State government is taking a look at all areas to make it more efficient. Details are still being worked out but there will be a task force appointed from the SEMTAC to look at how the trauma system is doing and does any changes need to be made.

Mr. Kuykendall also commented on a letter that was sent from the National Registry to current EMS providers saying that they will need to take a test. He will be sending a letter to the National Registry to grant deemed status to any Colorado certified EMT that is renewing their National Registry.

Waiver Review and Recommendations

William Dunn, EMPAC Chair

Discussion followed regarding time periods for waivers, using a standard for consent agenda and in general.

MOTION

MOVED BY THOMAS CANDLIN, SECONDED BY JASON KOTAS, TO SET STANDARD TIME PERIOD FOR WAIVERS TO THREE YEARS UNLESS OTHERWISE STIPULATED.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

The following waivers were on the consent agenda:

- Dr. Stein Bronsky Renewal Application for Surgical Cricothyrotomy for Memorial Star Transport
- 2. Dr. Michael Brunko Renewal Application for Surgical Cricothyrotomy for Flight for Life Colorado
- 3. Dr. Brian Erling Renewal Applications for Labetatol, Nicardipine, Octreotide, and Protonix for AMR Denver
- 4. Dr. Marilyn Gifford Renewal Application for Surgical Cricothyrotomy for Multiple Agencies
- Dr. Diana Hearne Renewal Applications for Esmolol, EZ-IO for EMT's, Fosphenytoin, Keppra, Labetalol, Metoprolol, Nicardipine, Norepinephrine, Octreotide, Phenytoin, and Protonix for Eagle County Ambulance District
- 6. Dr. David Richter Transfer Applications for Cardene, Cardizem, Cerebryx, Crofab, Depakote, Dilantin, Esmolol, Fresh Frozen Plasma, Heparin, Hydralazine, Keppra, Labetalol, Levophed, Metoprolol, Nipride, Pitocin, Protonix, Rapid Sequence Intubation, Surgical Cricothyrotomy, and TnKase for North Colorado Medevac
- 7. Dr. Peter Vellman Renewal Applications for Lactate Monitoring for multiple agencies

MOTION

MOTION CARRIED

MOVED BY DR. WEBER, SECONDED BY DR. EBY, TO APPROVE ALL WAIVERS ON THE CONSENT AGENDA.

MOTION PASSED UNANIMOUSLY.

Dr. Joseph Young – Initial Application for Breathalyzer for Student EMS Discussion followed regarding breathalyzer reliability, numbers in the protocol, similar programs in the country, information sharing with other institutions in Colorado and data collection.

MOTION

MOVED BY DR. EBY, SECONDED BY DR. WEBER, TO APPROVE DR. YOUNG'S WAIVER FOR BREATHALYZER USE FOR STUDENT EMS FOR 3 YEARS WITH DATA REPORTING ANNUALLY.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. Kevin McVaney – Initial Application for Droperidol for North Washington Fire Protection District Dr. McVaney presented the waiver application. There were no questions or comments on waiver.

MOTION

MOVED BY DR. WEBER, SECONDED BY DR. HALL, TO APPROVE DR. MCVANEY'S WAIVER FOR DROPERIDOL FOR NORTH WASHINGTON FIRE PROTECTION DISTRICT FOR 3 YEARS WITH DATA REPORTING ANNUALLY.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. Greg Balko – Initial Application for Droperidol for Snowmass-Wildcat Fire Protection District Dr. Balko presented the waiver application. The application is similar to Aspen Ski Company and Aspen Ambulance District. They have 100% review of all charts as part of their oversight program.

MOTION

MOVED BY DR. HALL, SECONDED BY THOMAS CANDLIN, TO APPROVE DR. BALKO'S WAIVER FOR DROPERIDOL FOR SNOWMASS-WILDCAT FIRE PROTECTION DISTRICT FOR 3 YEARS WITH DATA REPORTING ANNUALLY.

MOTION CARRIED

MOTION PASSED UNANIMOUSLY.

Dr. David Dreitlein – Initial Applications for Rapid Sequence Intubation and Surgical Cricothyrotomy for TriState CareFlight Dr. Dreitlein addressed Mr. Dunn's question regarding use of King Tube placements. Discussion followed regarding failed airway definition, nurse-paramedic crew collaboration, CAAMS Requirement, and waiver review needs to consider the crew. The waiver does not have an age requirement in it and a separate waiver will need to be submitted for patients under 13.

MOTION

MOVED BY THOMAS CANDLIN, SECONDED BY DR. EBY, TO APPROVE DR. DREITLEIN'S WAIVER FOR RSI FOR PATIENTS 13 AND OLDER FOR 3 YEARS WITH TYPICAL REPORTING FOR RSI.

Discussion followed regarding reporting per case within 7 days and independent action for paramedic.

MOTION CARRIED

MOTION PASSED.

7 YEA; 0 NAY; 1 ABSTENTION

MOTION

MOVED BY THOMAS CANDLIN, SECONDED BY DR. EBY, TO APPROVE DR. DREITLEIN'S WAIVER FOR SURGICAL

CRICOTHYROTOMY FOR 3 YEARS.

MOTION PASSED. **MOTION CARRIED**

7 YEA; 0 NAY; 1 ABSTENTION

Dr. John Nichols - Initial Application for I-Stats and Oral Zofran for EMT's for Grand County EMS

Dr. Nichols presented waiver application for Oral Zofran. Discussion followed regarding dosage.

MOTION

MOVED BY DR. EBY, SECONDED BY DR. WEBER, TO APPROVE DR.

NICHOLS' WAIVER FOR ORAL ZOFRAN.

MOTION PASSED. **MOTION CARRIED**

7 YEA; 0 NAY; 1 ABSTENTION

Dr. Nichols presented his waiver application for I-Stats. He would like to have the equipment to do research on dependability and reliability of the equipment and no clinical decisions would be made from the data. Discussion followed regarding the cost of the equipment, possible application in community paramedicine, how long the evaluation period would run, data collection for use and reliability and how

results correlate to lab values and hospital lab results.

MOVED BY DR. WEBER, SECONDED BY MR. CANDLIN, TO APPROVE **MOTION**

DR. NICHOLS' WAIVER FOR I-STATS FOR A 3 YEAR PROCESS WITH A REPORT DATA ON THE PRACTICALITY OF USE AND DURABILITY

OF EQUIPMENT.

MOTION PASSED. **MOTION CARRIED**

7 YEA; 0 NAY; 1 ABSTENTION

Dr. Brian Erling - Initial Application for Acetylcysteine and Renewal Applications for TPA and Advanced Ventilators for AMR Denver

Dr. Erling presented waiver for Acetylcysteine. Discussion followed regarding use as continuation.

MOVED BY DR. WEBER, SECONDED BY DR. HALL, TO APPROVE DR. **MOTION**

EARLING'S WAIVER FOR ACETYLCYSTEINE FOR 3 YEARS WITH

DATA REPORTING ANNUALLY.

MOTION PASSED UNANIMOUSLY. **MOTION CARRIED**

Dr. Erling presented waiver for TPA. Discussion followed regarding use of TPA.

MOVED BY DR. EBY, SECONDED BY DR. WEBER, TO APPROVE DR. **MOTION**

EARLING'S WAIVER FOR TPA FOR 3 YEARS WITH DATA

REPORTING ANNUALLY.

MOTION CARRIED MOTION PASSED UNANIMOUSLY. Discussion followed regarding requiring waiver for this, adjustments required on device, and education for medics.

MOVED BY DR. HALL, SECONDED BY MR. CANDLIN, TO APPROVE

DR. EARLING'S WAIVER FOR ADVANCED VENTILATORS.

MOTION PASSED UNANIMOUSLY.

MOTION CARRIED

MOTION

Dr. Diana Hearne – Renewal Applications for Propofol and Vecuronium and initial application for Rapid Sequence Intubation for Eagle County Ambulance District Dr. Hearne presented her waiver for Propofol. Discussion followed regarding the strength of waiver application and data provided, dosage for adult and pediatric, and use in pediatrics.

MOTION MOVED BY DR. HALL, SECONDED BY MR. KOTAS, TO APPROVE DR.

HEARNE'S WAIVER FOR PROPOFOL FOR 3 YEARS WITH TYPICAL

REPORTING.

MOTION CARRIED MOTION PASSED.

7 YEA; 0 NAY; 1 ABSTENTION

MOTION MOVED BY DR. EBY, SECONDED BY MR. CANDLIN, TO APPROVE

DR. HEARNE'S WAIVER FOR VECURONIUM FOR 3 YEARS WITH

TYPICAL REPORTING.

MOTION CARRIED MOTION PASSED.

7 YEA; 0 NAY; 1 ABSTENTION

Dr. Hearne presented her waiver for RSI. She stated that they looked at data to see if it was something they would use. Discussion followed regarding age limits, severe head injury indications, defining hours in education requirements and use of

GlideScope®, and other options for airway management.

MOVED BY DR. WEBER, SECONDED BY MR. CANDLIN, TO APPROVE

DR. HEARNE'S WAIVER FOR RSI FOR PATIENTS 13 AND OLDER FOR

3 YEARS WITH TYPICAL REPORTING FOR RSI.

MOTION CARRIED MOTION PASSED.

7 YEA; 0 NAY; 1 ABSTENTION

Dr. Rob Lins – Renewal

Applications for Rapid Sequence

Intubation and Surgical

Cricothyrotomy for AMR Canon

City AND

MOTION

Dr. Kevin Weber – Renewal Applications for Rapid Sequence

Intubation and Surgical

Cricothyrotomy for AMR Pueblo

Questions were asked regarding the data presented regarding RSI. Drs. Weber and Lins addressed the concerns and the usage of the oversight program in place. Discussion followed regarding protocols, definition of failed airway, and age

cutoffs.

MOVED BY DR. HALL, SECONDED BY DR. EBY, TO APPROVE DR. LINS' AND DR. WEBER'S WAIVERS FOR RSI FOR PATIENTS 13 AND OLDER FOR 3 YEARS WITH TYPICAL REPORTING FOR RSI.

MOTION PASSED. **MOTION CARRIED**

7 YEA; 0 NAY; 1 ABSTENTION

Discussion followed regarding waiver application for Surgical Cricothyrotomy.

MOTION MOVED BY DR. HALL, SECONDED BY MR. KOTAS, TO APPROVE DR.

LINS' AND DR. WEBER'S WAIVERS FOR SURGICAL

CRICOTHYROTOMY.

MOTION PASSED. **MOTION CARRIED**

7 YEA; 0 NAY; 1 ABSTENTION

Dr. David Richter - Transfer Applications for Activase, Amiodarone, Nitroglycerine IV, Octreotide, Packed Red Blood Cells, and Propofol for North Colorado Medevac

Discussion followed regarding reviewing waivers as a block, independent versus team, and paramedic/RN teams.

MOVED BY DR. EBY, SECONDED BY DR. WEBER, TO APPROVE DR. **MOTION**

RICHTER'S WAIVERS FOR ACTIVASE, AMIODARONE,

NITROGLYCERINE IV, OCTREOTIDE, PACKED RED BLOOD CELLS,

AND PROPOFOL.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Dr. David Ross - Renewal Applications for Pediatric Rapid Sequence Intubation, Rapid Sequence Intubation and Surgical Cricothyrotomy for Multiple Agencies

Discussion followed regarding Pediatric RSI. Comments were made on the quality of the application. Dr. Ross presented the data on Pediatric RSI for his agencies. Discussion was raised on the safety of pediatric RSI in the prehospital setting.

Dr. Kanowitz added that from a regulatory standpoint, the council is looking at this procedure being done safely. Dr. Ross is providing close oversight and good training. Discussion followed regarding state's responsibility to make sure this is done safely, agency is using procedure well, and need for outcome data.

MOTION MOVED BY DR. HALL, SECONDED BY DR. WEBER, TO APPROVE DR.

ROSS' WAIVER FOR PEDIATRIC RSI FOR ONE YEAR WITH TYPICAL

REPORTING FOR RSI.

ROLL CALL VOTE: MOTION PASSED.

5 YEA; 2 NAY; 0 ABSTENTION

MOTION CARRIED MOTION PASSED.

Discussion followed regarding using Dr. Ross protocols for best practices for

Pediatric RSI.

MOVED BY DR. EBY, SECONDED BY DR. WEBER, TO APPROVE DR. **MOTION**

ROSS' WAIVER FOR RSI FOR PATIENTS 13 AND OLDER FOR 3

YEARS WITH TYPICAL REPORTING FOR RSI.

MOTION PASSED UNANIMOUSLY. **MOTION CARRIED**

MOVED BY DR. EBY, SECONDED BY DR. WEBER, TO APPROVE DR.

ROSS' WAIVER FOR SURGICAL CRICOTHYROTOMY FOR 3 YEARS

WITH TYPICAL REPORTING.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Dr. Peter Vellman – Renewal Applications for EMT-I call ins

for multiple agencies

Mr. Philips presented Dr. Vellman's waiver for EMT-I call ins for multiple agency. Discussion followed regarding need for waiver, 100% review, increased

communications, contact as best as possible, and add issue to chapter 2 rule

revision considerations.

MOTION MOVED BY DR. HALL, SECONDED BY MR. KOTAS, TO APPROVE DR.

VELLMAN'S WAIVER FOR EMT-I CALL INS.

MOTION CARRIED MOTION PASSED.

7 YEA; 0 NAY; 1 ABSTENTION

Dr. Mark Maertins – Initial Application for Pediatric Rapid Sequence Intubation for AirLife

Denver

Dr. Maertins presented his Pediatric RSI waiver. Discussion followed regarding flight RN-Paramedic teams, medication part of protocol, and process for standard

of care.

MOVED BY DR. HALL, SECONDED BY DR. WEBER, TO APPROVE DR.

MAERTINS' WAIVER FOR PEDIATRIC RSI FOR ONE YEAR WITH

TYPICAL REPORTING FOR RSI.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.

Discussion followed changing protocol to include independent practice of paramedics with medications and change age requirement to 12 and younger.

NEW BUSINESS

Other Discussion Michelle Reese commented that they would bring a draft of EMPAC policies to the

next meeting for consideration.

Dr. Hall commented that further discussion for Pediatric RSI needed to happen

before next EMPAC meeting. Dr. Kanowitz agreed to lead the group.

Adjournment

MOTION MOVED BY WILLIAM HALL, SECONDED BY KEVIN WEBER, TO

ADJOURN.

MOTION CARRIED MOTION PASSED UNANIMOUSLY.